



BARBARA K. CEGAVSKE
Secretary of State
Elections Division
101 North Carson Street, Suite 3
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SECRETARY OF STATE

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#2530

State of Nevada
**Committee for Political Action
(PAC)**
Registration Form
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ABOVE SPACE IS FOR OFFICE USE ONLY

- ☒ New Registration ☒ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☐ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☐ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☐ Change Address
check all that apply
- ☐ Change Name ☐ Previous Name of PAC
- ☐ Other:

Name of Committee:
No Solar Tax PAC

Telephone:
775-461-3780

Mailing Address:
2310 S. Carson Street #6
Street Name, Number

Carson City
City

NV 89701
State Zip Code

PAC Active Email Address:

PURPOSE: Briefly state the purpose for which the PAC was organized.

To advocate for a referendum to repeal costly new rates and charges on rooftop solar net metering customers and other customers with clean energy systems, and for all other lawful purposes

REGISTERED AGENT: pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:
Kevin Benson

Telephone:
775-461-3780

Physical Address:
2310 S. Carson Street #6
Street Name, Number

Carson City
City

NV 89701
State Zip Code

REGISTERED AGENT ACCEPTANCE: I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

X
Signature of Registered Agent

Date:
01/20/2016



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OFFICERS: List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:

Kevin Benson

Telephone:

775-461-3780

Mailing Address:

2310 S. Carson Street #6

Carson City

NV 89701

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Officer Name and Title:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

AFFILIATIONS: If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

Name of Organization:

Telephone:

Mailing Address:

Street Name, Number

City

State Zip Code

SUBMITTED BY:

X

Printed Name:

Kevin Benson

Date:

1/20/2016

Telephone:

775-461-3780

Signature of Representative of Group